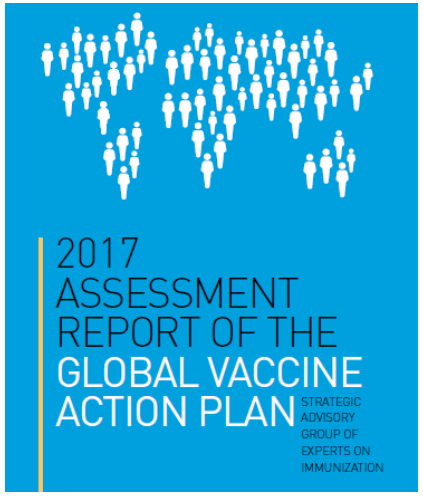
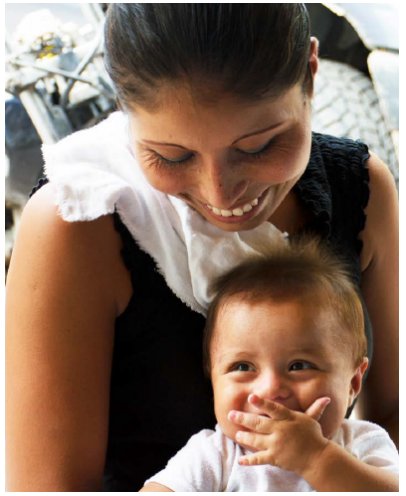
Global Vaccine Action Plan: SAGE 2017 Progress report

World Health Organization





Prepared by the Decade of Vaccines working group
SAGE meeting

18 October 2017

Pr. Noni MacDonald

SAGE Decade of vaccines working group (DoV WG)

Terms of Reference

The SAGE Working Group (WG) will **facilitate a yearly SAGE independent review of the implementation** of the Decade of Vaccines' Global Vaccine Action Plan (**GVAP**) and assessment of progress. Specifically the WG will:

- Review the GVAP indicator data quality and make recommendations on changes of indicators, definitions, data collection process
- Independently evaluate and document progress towards each of the 6 GVAP Strategic Objectives and towards the achievement of the Decade of Vaccines Goals (2011-2020), using the GVAP Monitoring & Evaluation / Accountability Framework
- Identify successes, challenges and areas where additional efforts or corrective actions by countries, regions, partners, donor agencies or other parties, are needed; identify and document best practices
- Prepare the GVAP implementation annual report to be presented to the SAGE, and thereafter, with SAGE inputs, be submitted to WHO governing bodies and the UN independent Expert Review Group (iERG)

SAGE Decade of vaccines working group (DoV WG) (2)

World Health Organization

WG Composition

SAGE members	Noni MacDonald (Chair), Yagob Al-Mazrou.
Experts	Oleru Huda Abason, Jon Kim Andrus, Narendra Arora, Susan Elden, Marie-Yvette Madrid, Rebecca Martin, Amani Mahmoud Mustafa, Helen Rees, David Salisbury, Budihardja Singgih, Qinjian Zhao.
Secretariat members	Magda Robert, Gavi: Hope Johnson; NIAID: Lee Hall; UNICEF: Robin Nandy; WHO: Thomas Cherian. Secretariat coordinator: Christoph Steffen

Other participants
WHO regional advisors and technical focalpoints where invited to all meetings

Work process
- Ten 1½ -hour teleconferences between March and September 2017
- One 3-day face-to-face meeting in August 2017.
- Very intense email interactions throughout the process
- Assessment report development assisted by professional writer

Global vaccine coverage sustained at high levels; but threats

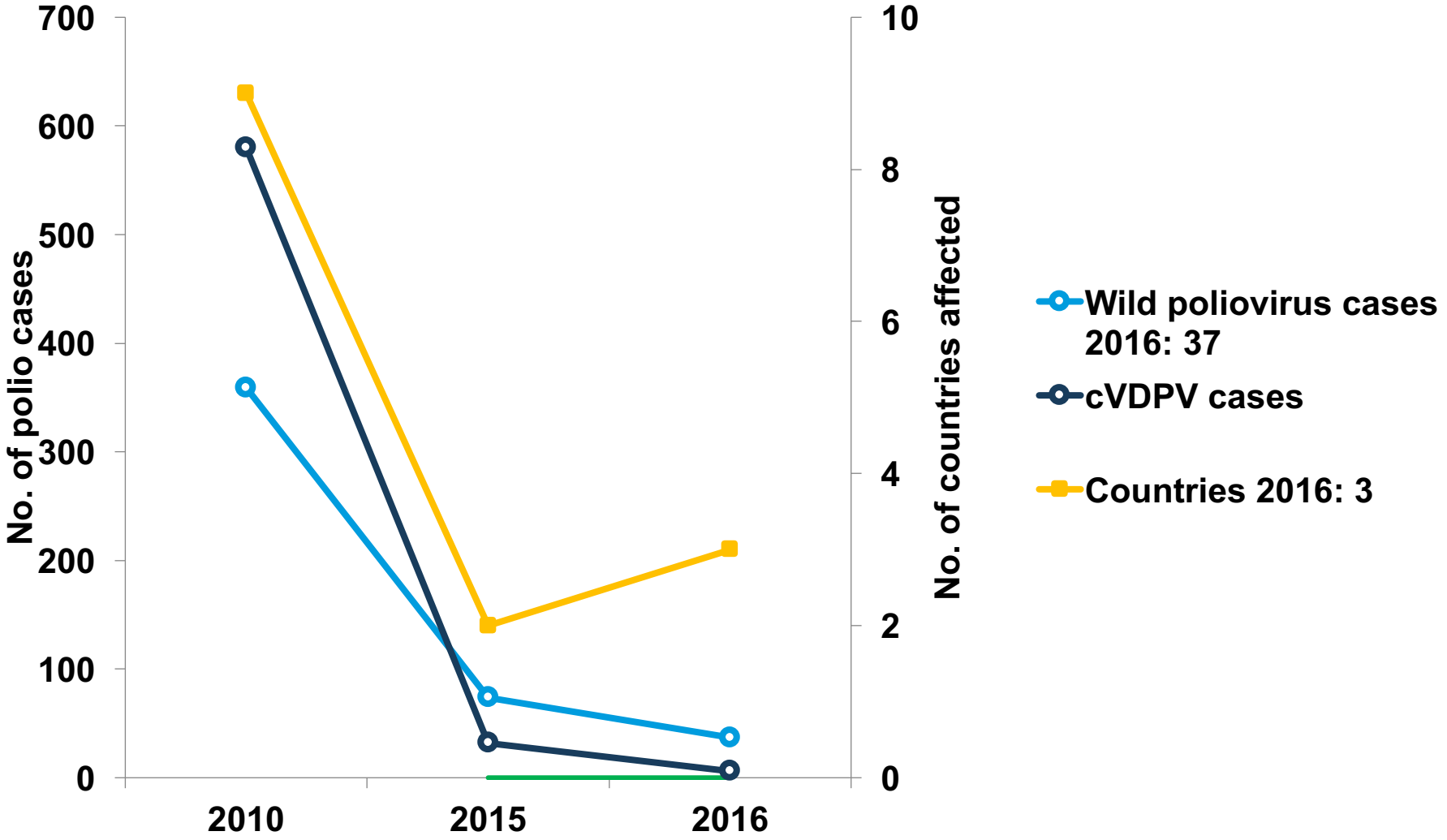
- Fewest number of cases of wild polio ever reported, BUT potential for negative impact in **phase-out of funding for polio eradication**
- Global **DTP3** vaccination stable around **85-86%**, BUT continued marked underperformance of ‘outlier’ countries
- **New and old threats**:
  - Economic uncertainty, conflicts and natural disasters, displacement and migration, and infectious disease outbreaks all pose major challenges to immunization programmes.
  - Concerning signs of complacency and inadequate political commitment to immunization
  - Growing levels of vaccine hesitancy and the worrying rise in stock outs disrupting access to vaccines

SAGE should propose strong recommendations

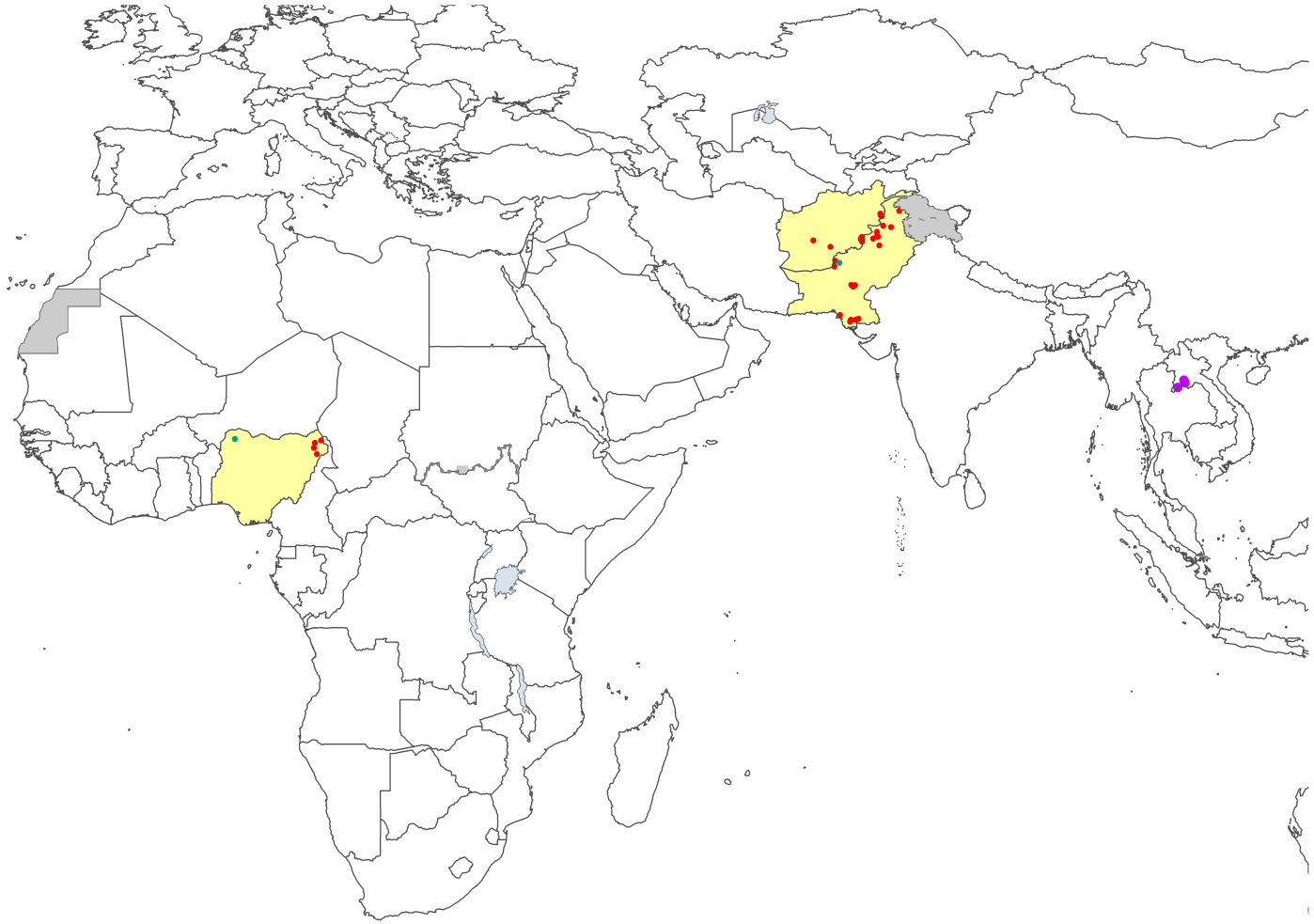
- Broadening the dialogue, to align immunization with emerging global agendas, including
  - sustainable development goals,
  - global health security, universal health coverage
  - And battle against antimicrobial resistance.
- Concerted effort to address outlier countries, through
  - a multidimensional, system-wide approach,
  - Strong involvement of civil society organizations
- Need to redouble global efforts to promote immunization and to address the systemic weaknesses that are limiting equitable access to vaccines

WILD POLIOVIRUS CASES CONTINUE TO FALL

Number of new cases of paralytic poliomyelitis due to wild poliovirus, cVDPV and no. of countries affected



Global wild poliovirus and cVDPV in 2016

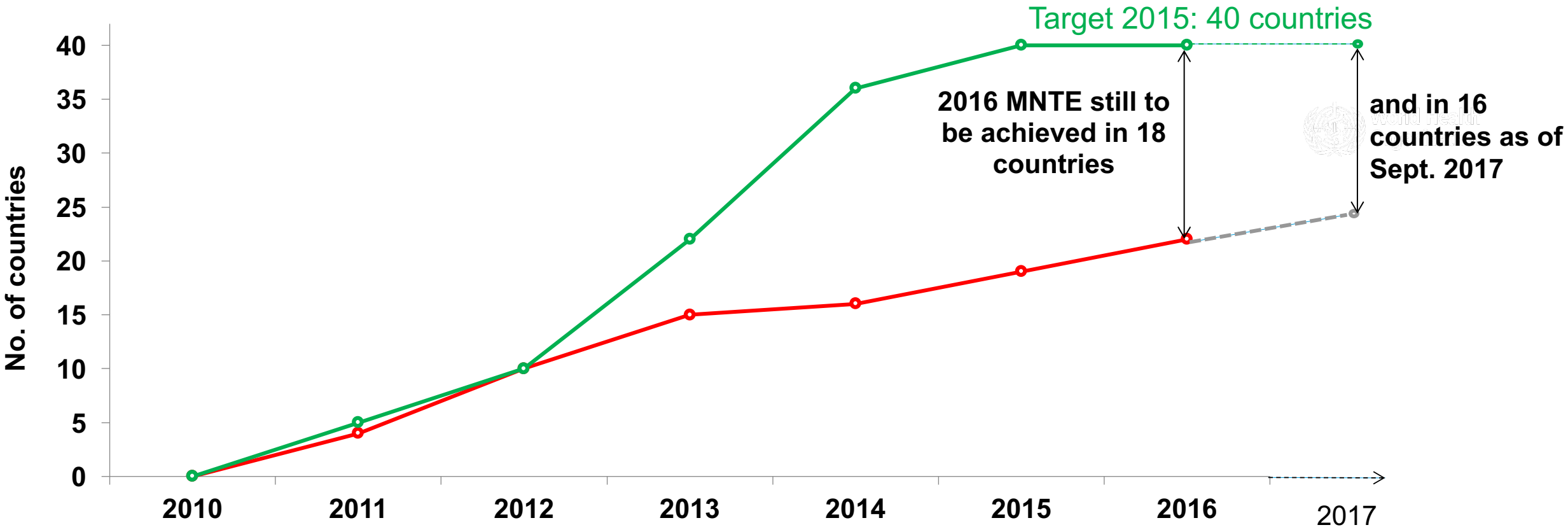


- Wild poliovirus type 1 (*N*=37)
- cVDPV type 1 (*N*=3)
- cVDPV type 2[c] (*N*=3)

Endemic countries

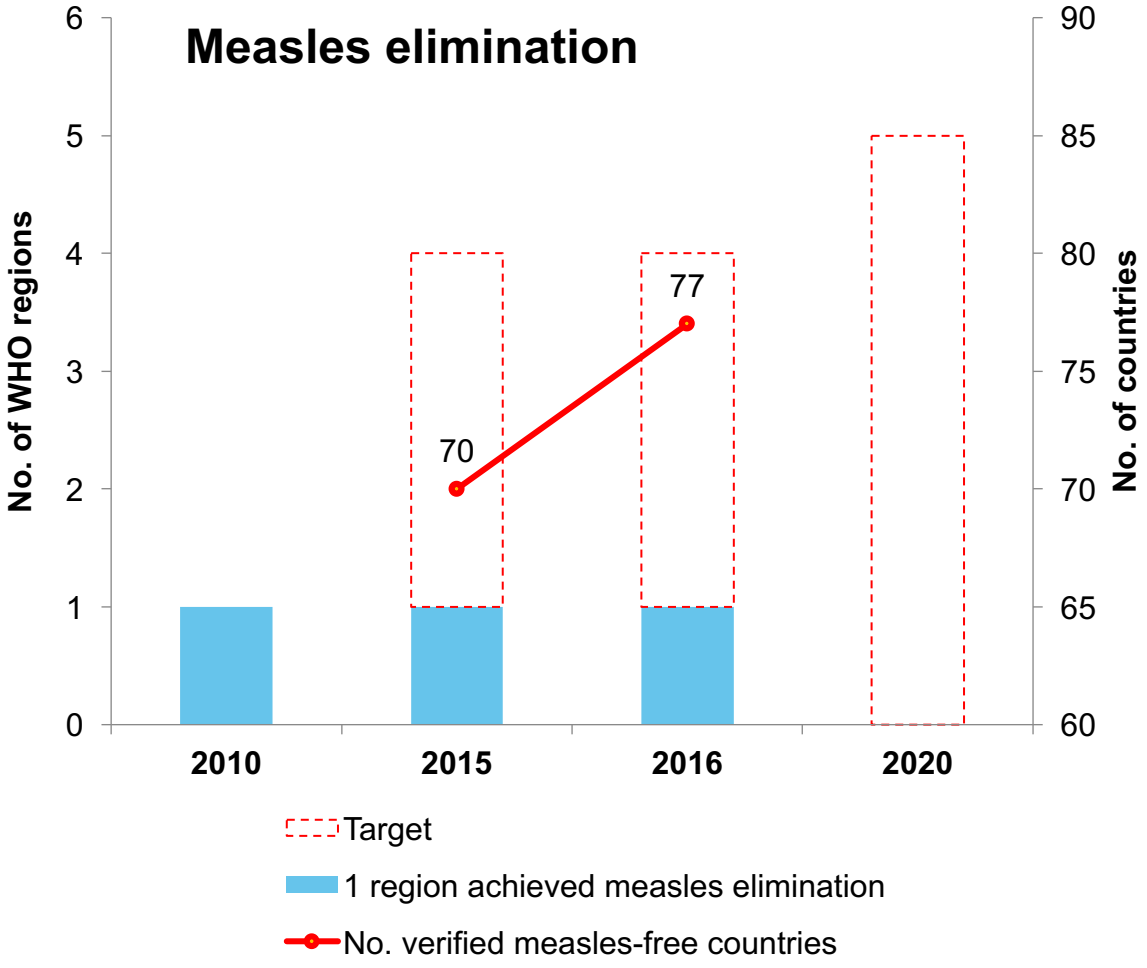
MATERNAL AND NEONATAL TETANUS ELIMINATION REMAINS OFF-TRACK

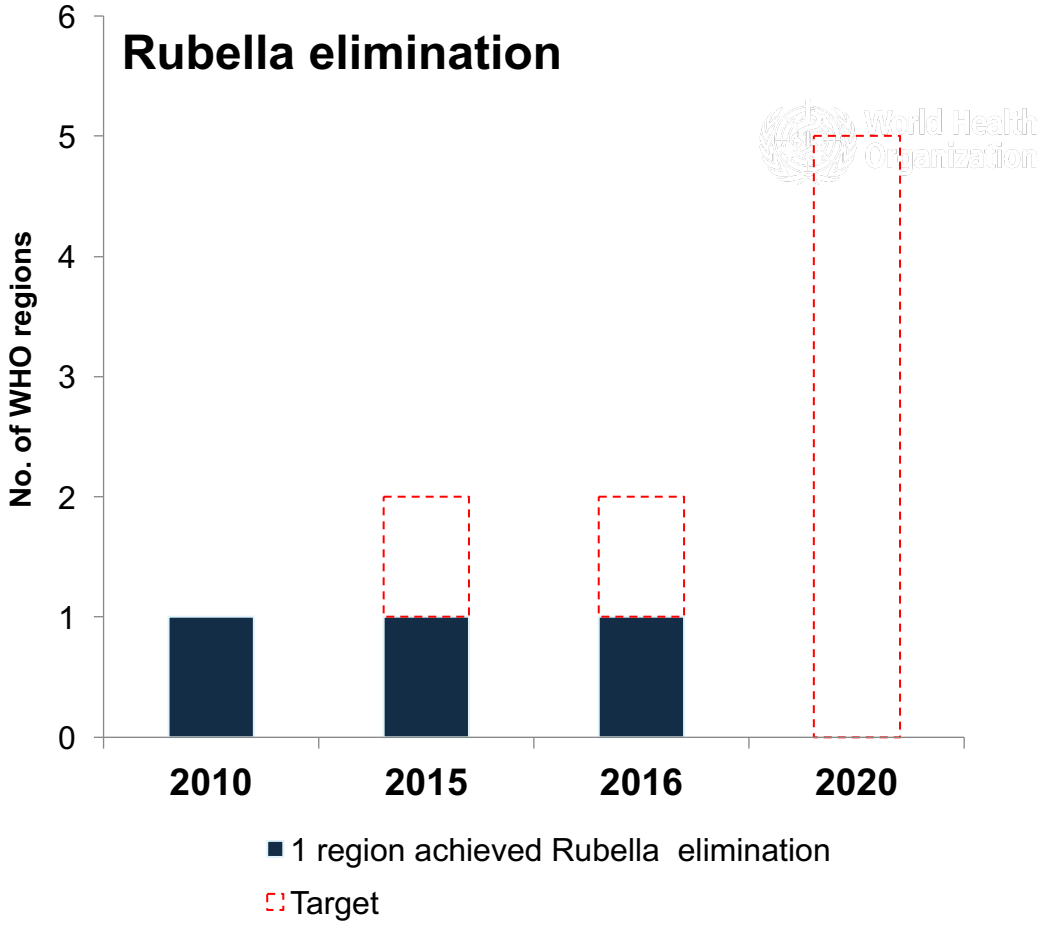
Number of priority countries verified for elimination



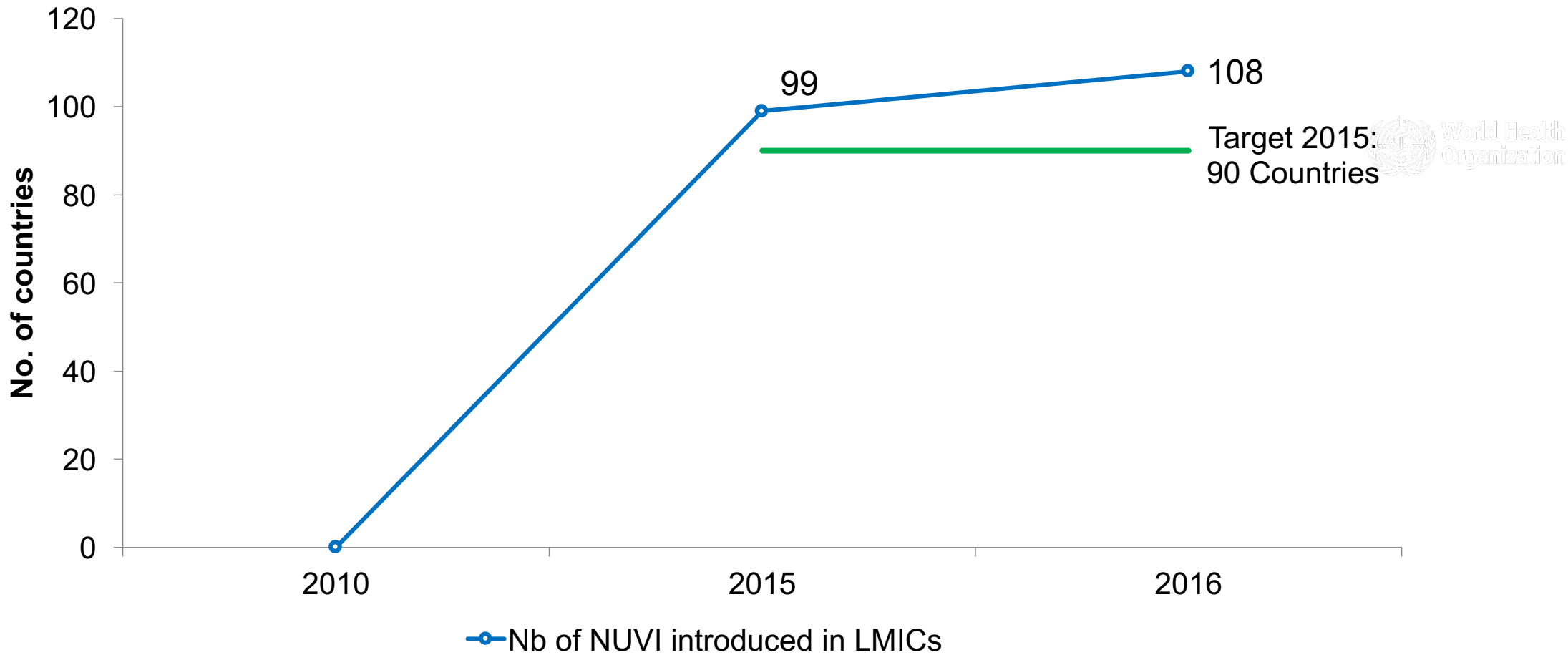
MEASLES AND RUBELLA ELIMINATION TARGETS HAVE NOT BEEN MET

No. of WHO regions and countries that have achieved elimination



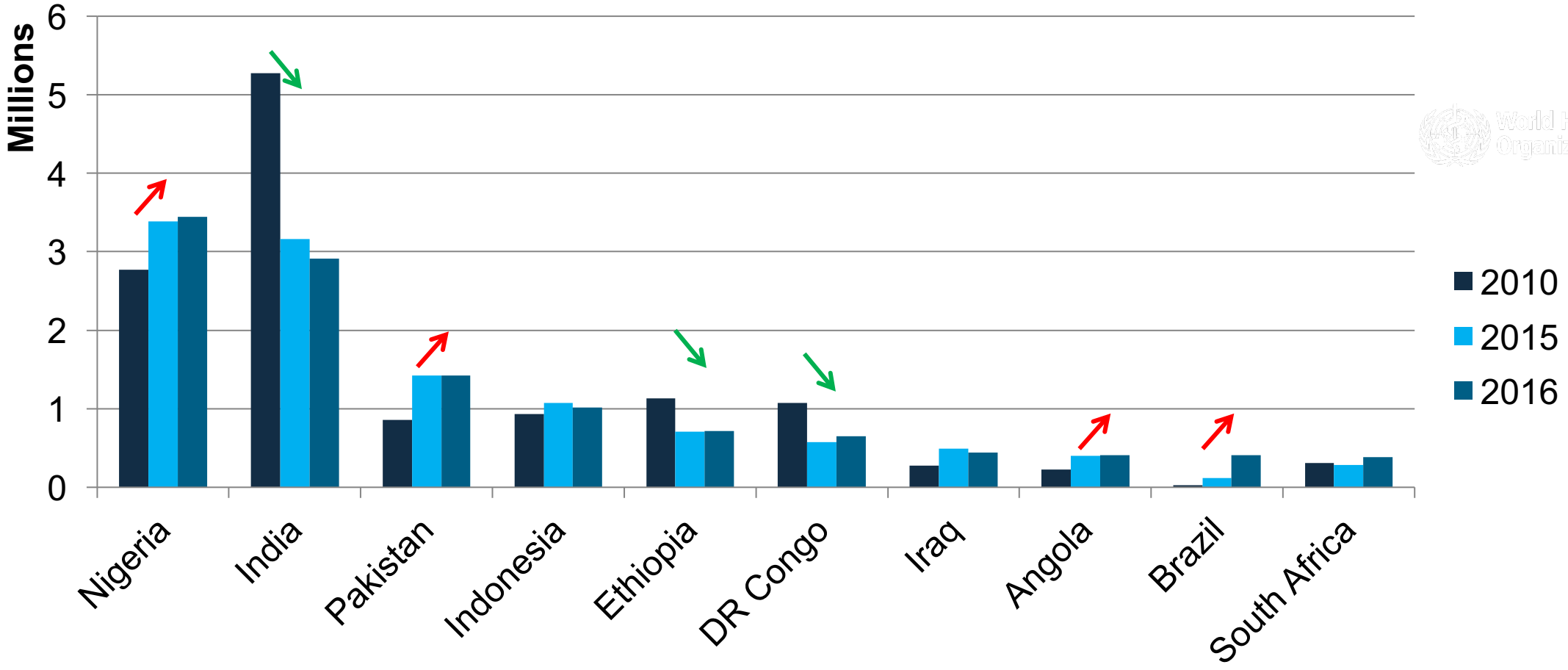


THE NEW VACCINE INTRODUCTION TARGET HAS BEEN MET

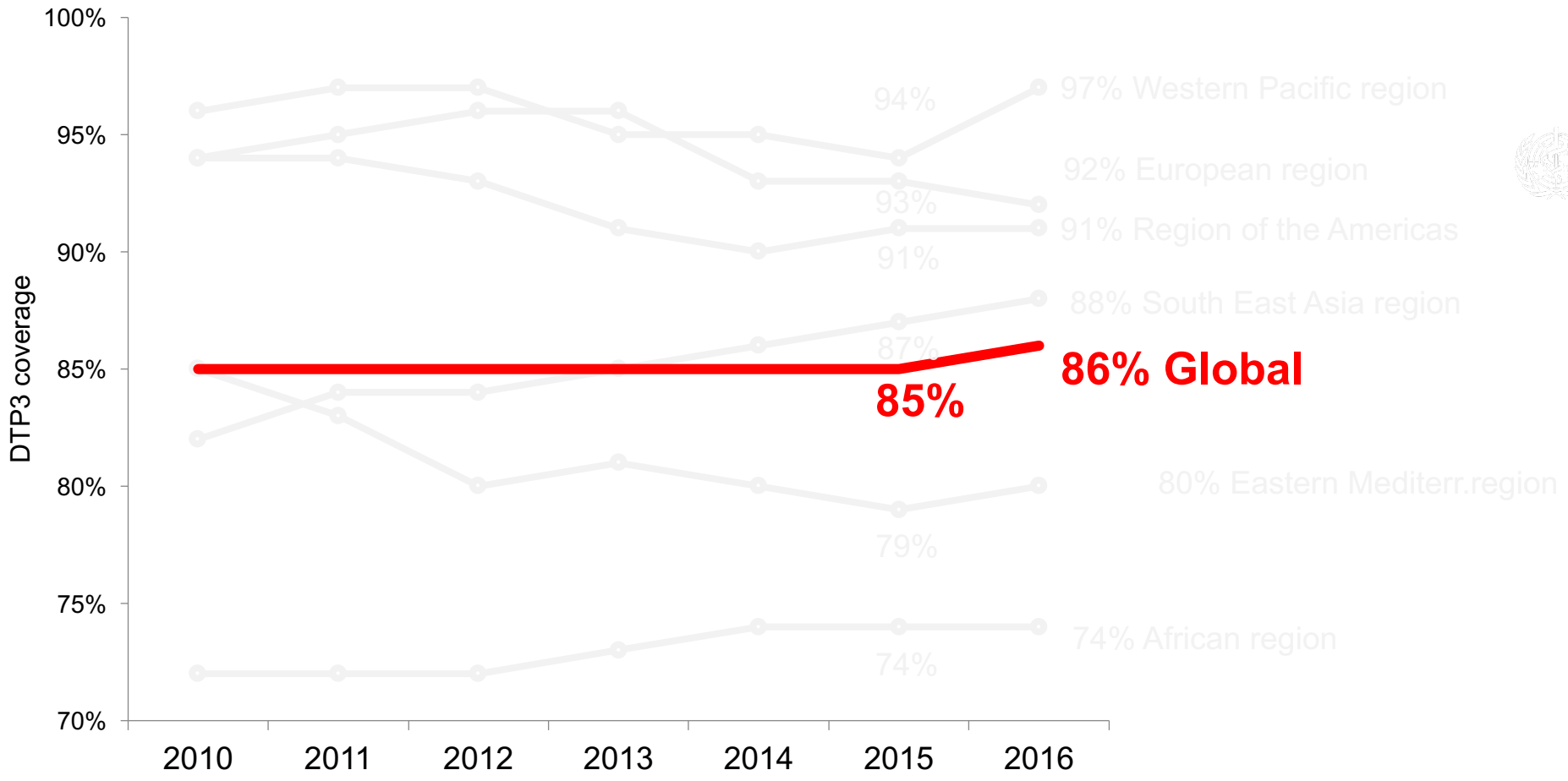


THE NUMBERS OF UNVACCINATED CHILDREN ARE FALLING IN SOME BUT NOT ALL LARGE COUNTRIES

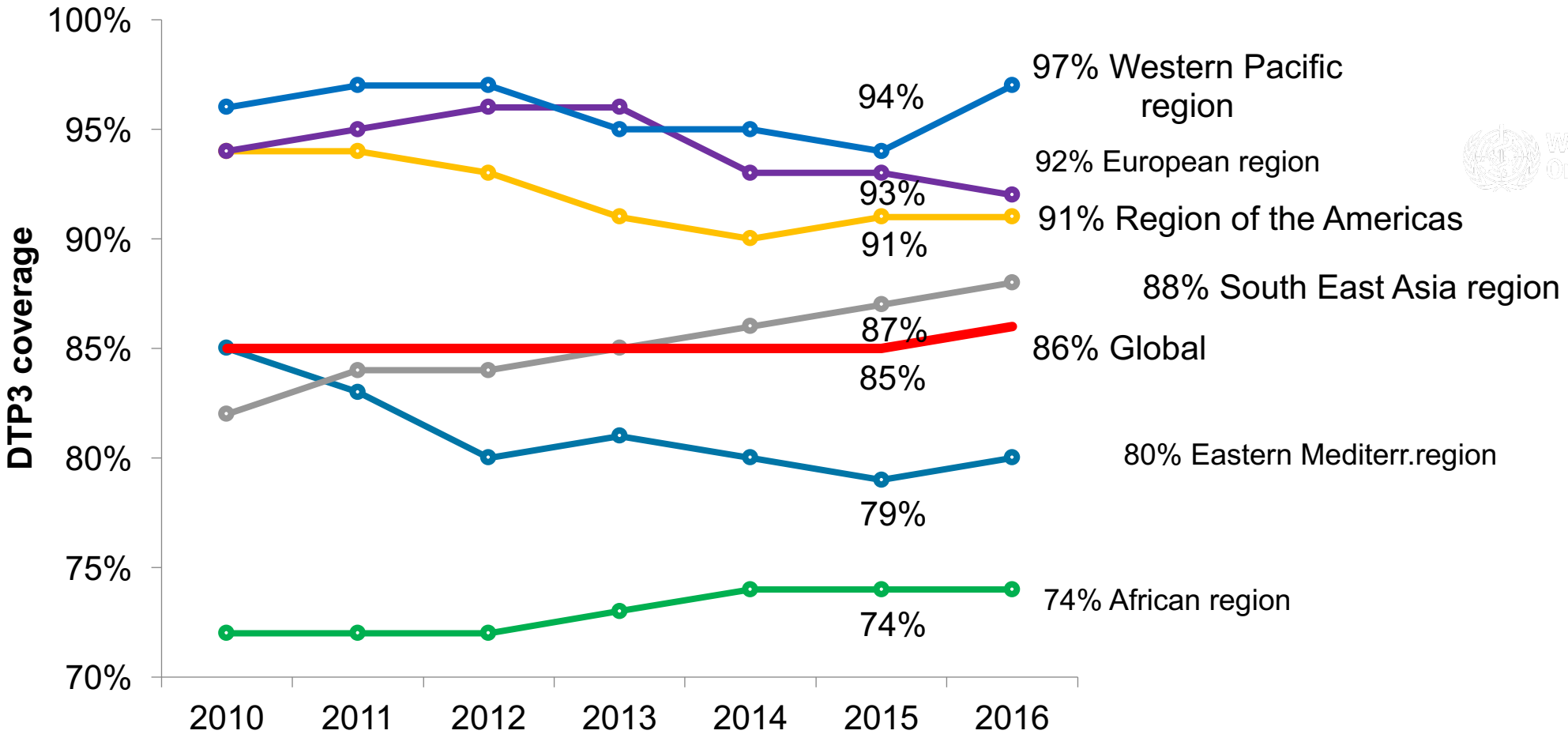
Number of DTP3 unvaccinated children, top 10 countries



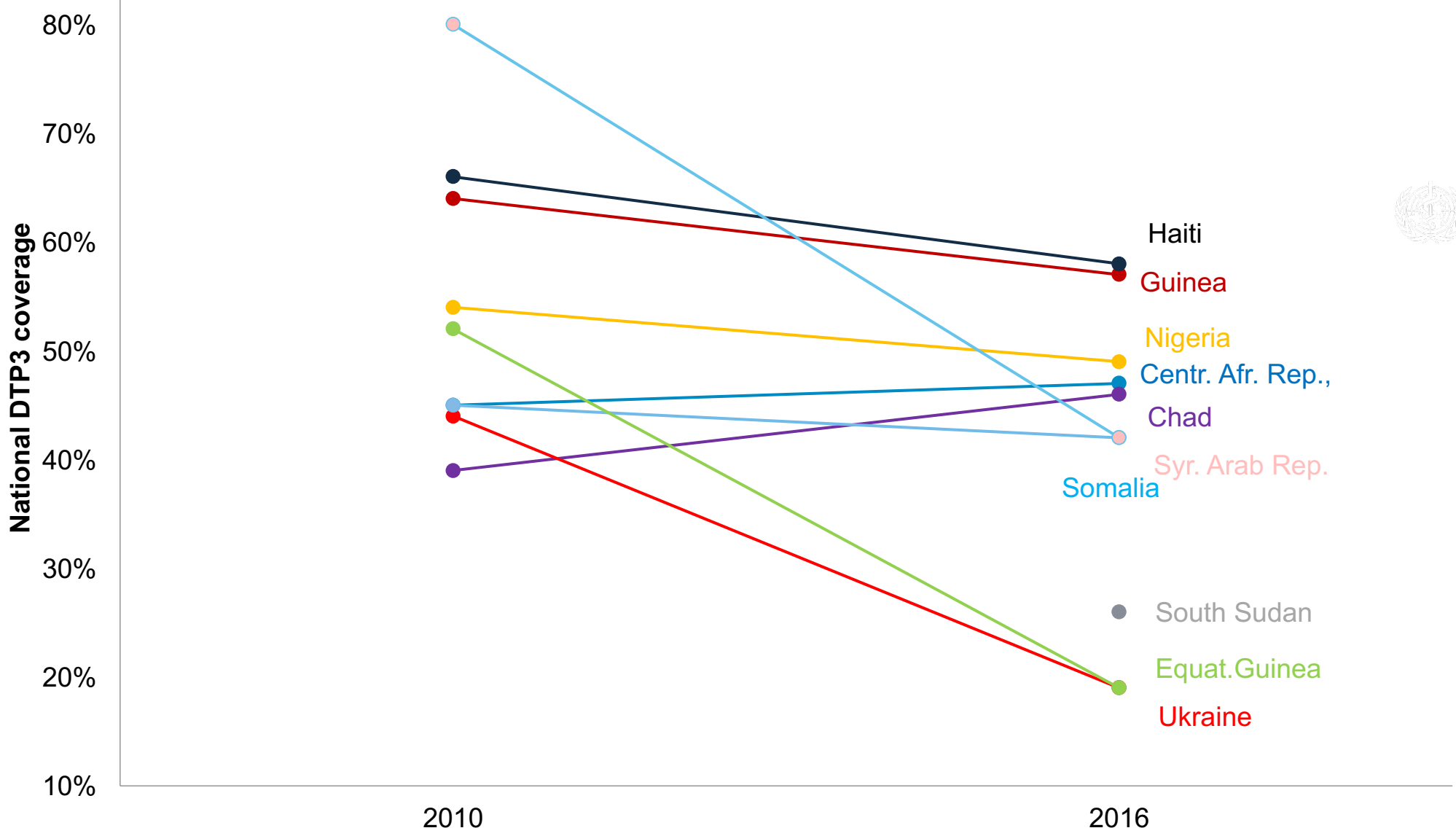
GLOBAL DTP3-COVERAGE HAS SCARCELY CHANGED SINCE 2010



GLOBAL DTP3-COVERAGE HAS SCARCELY CHANGED SINCE 2010, BUT SOME REGIONAL FLUCTUATIONS

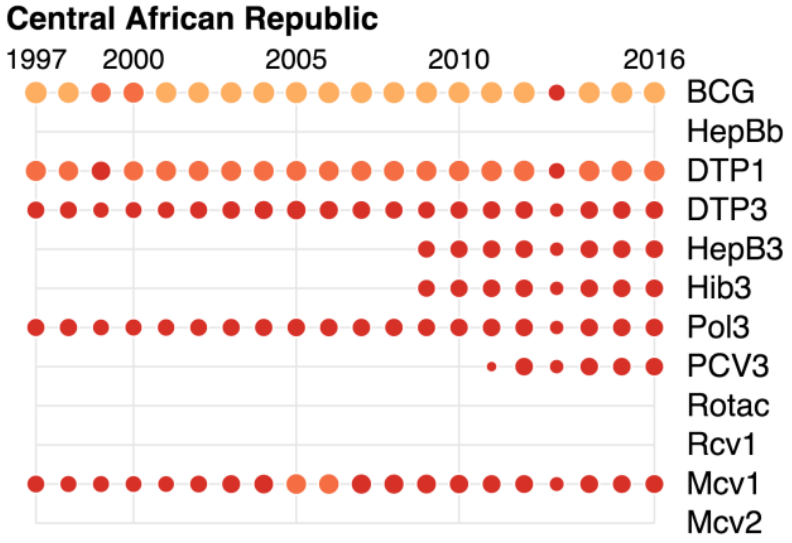


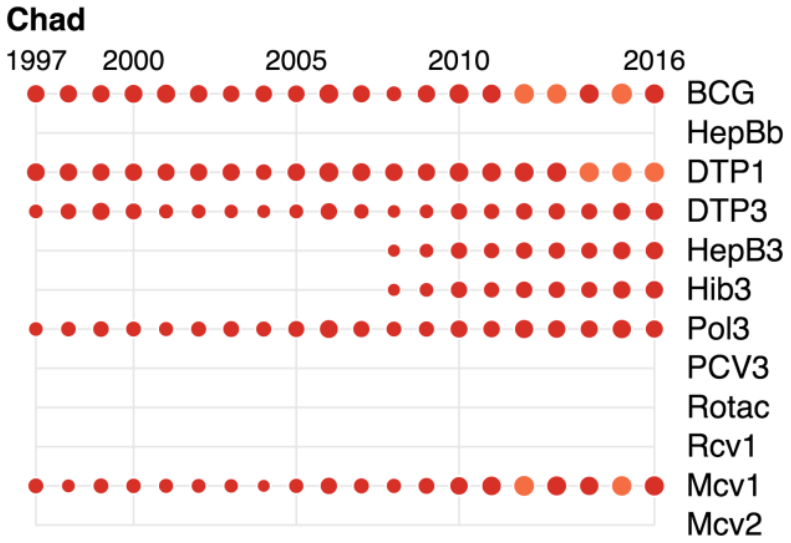
OUTLIER COUNTRIES SHOW PERSISTENTLY LOW NATIONAL DTP-COVERAGE LEVELS

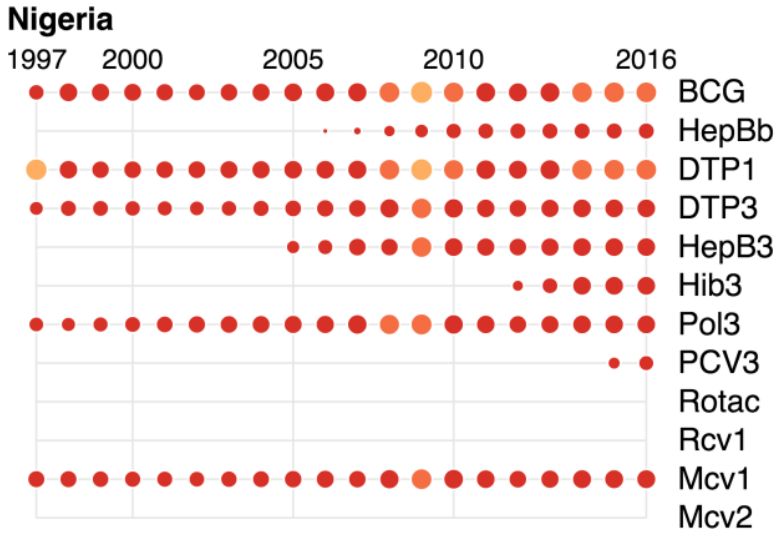


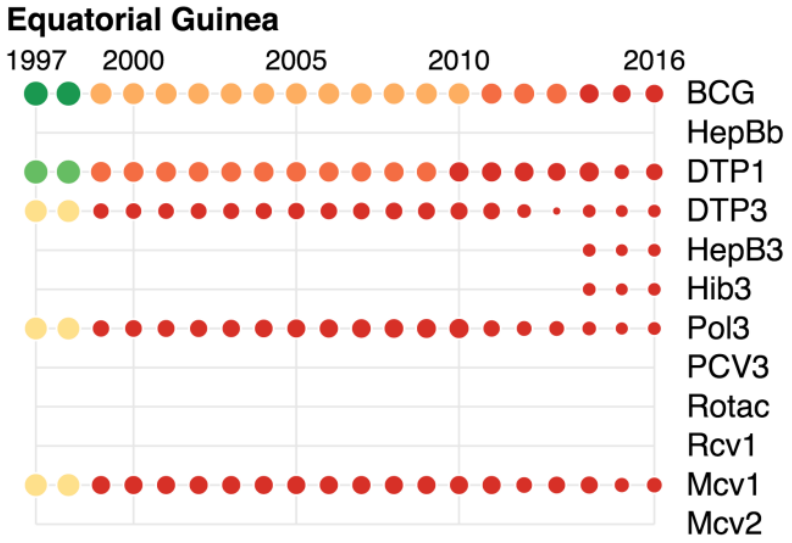
« Outlier » scorecards DTP3<50% (1)

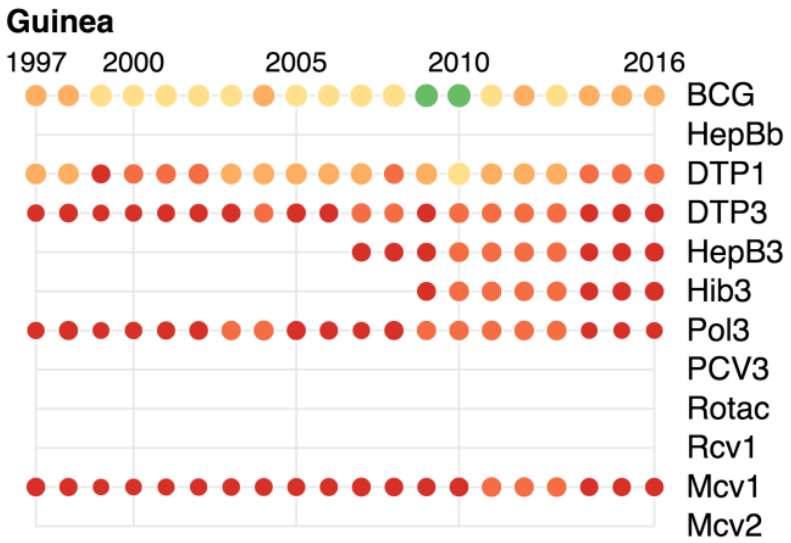
World Health Organization

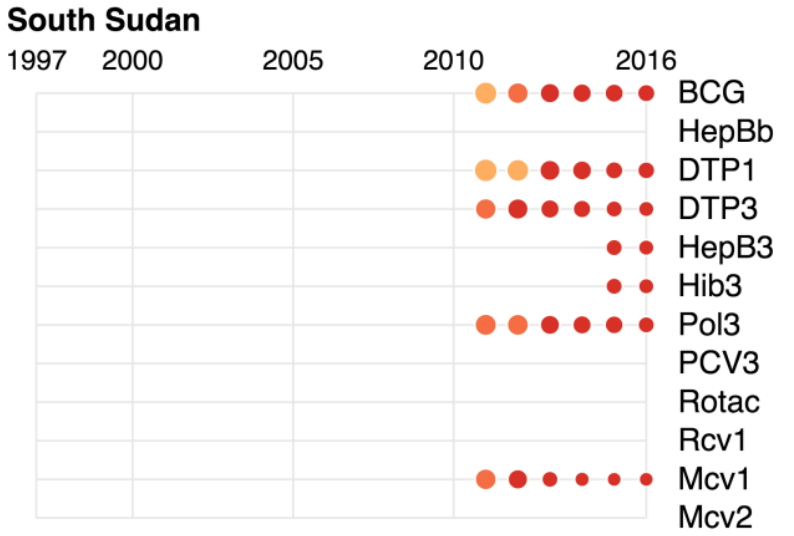




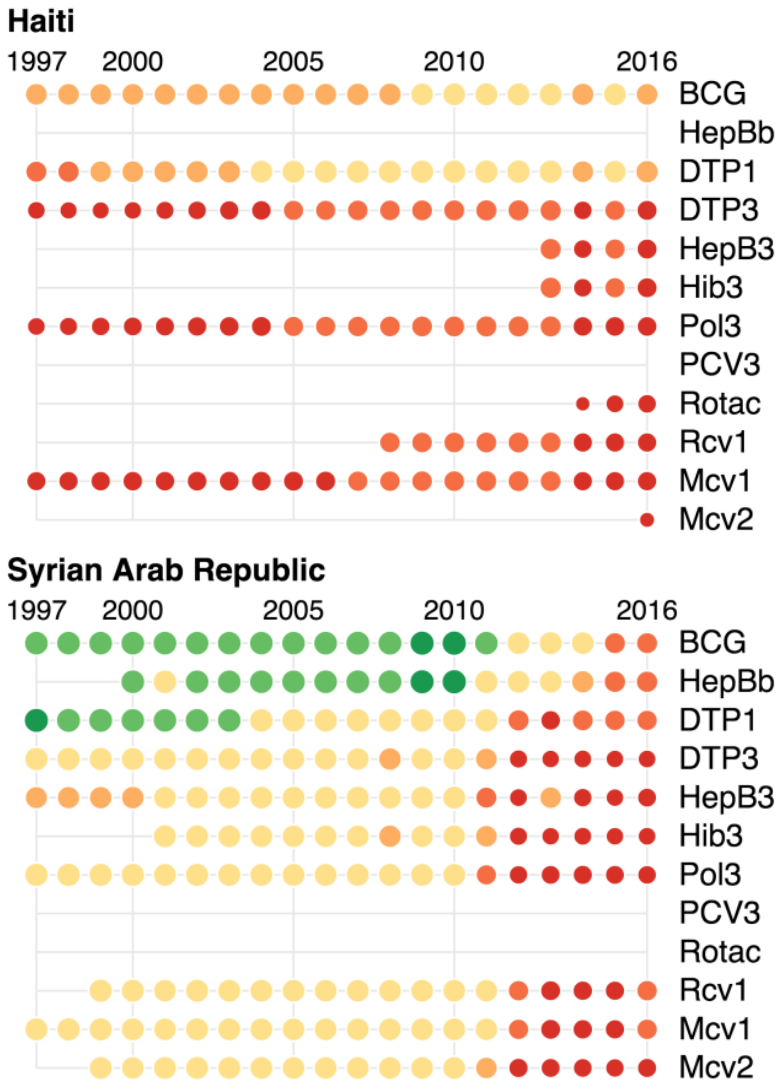


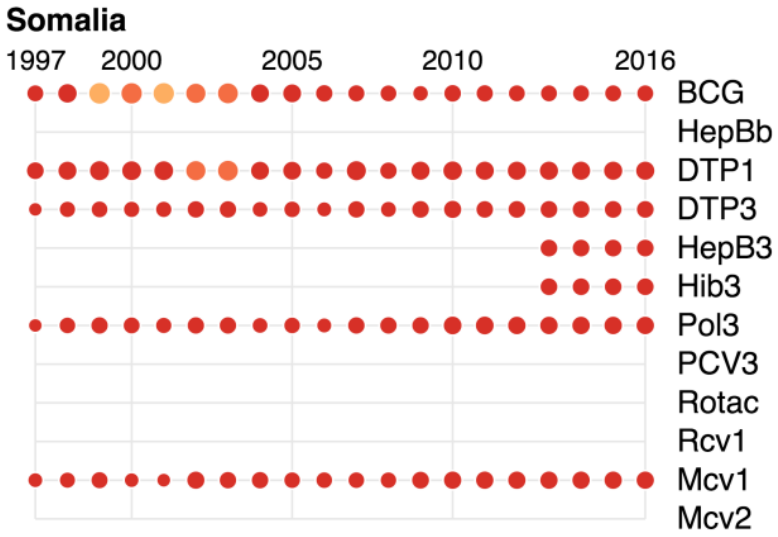


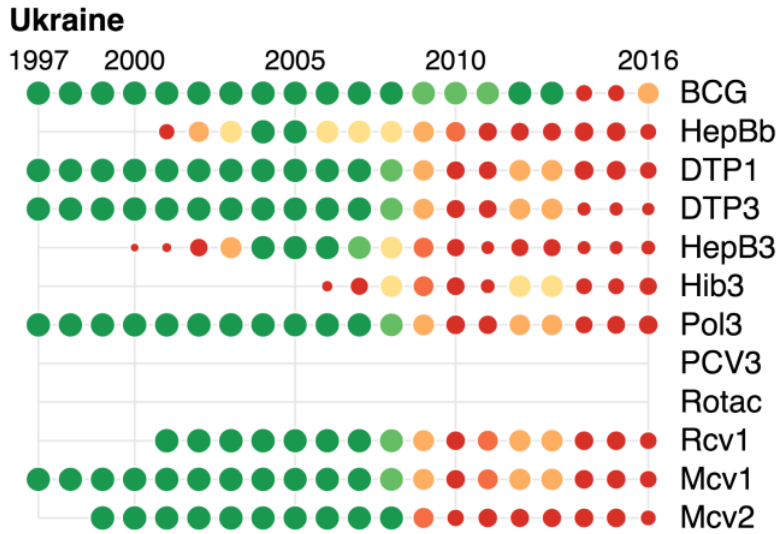


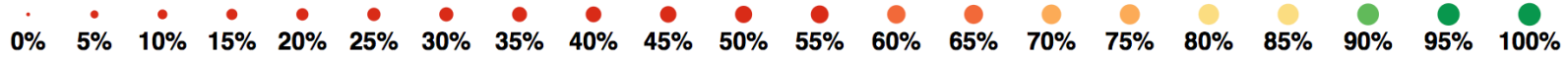


« Outlier » scorecards DTP3<50% (2)









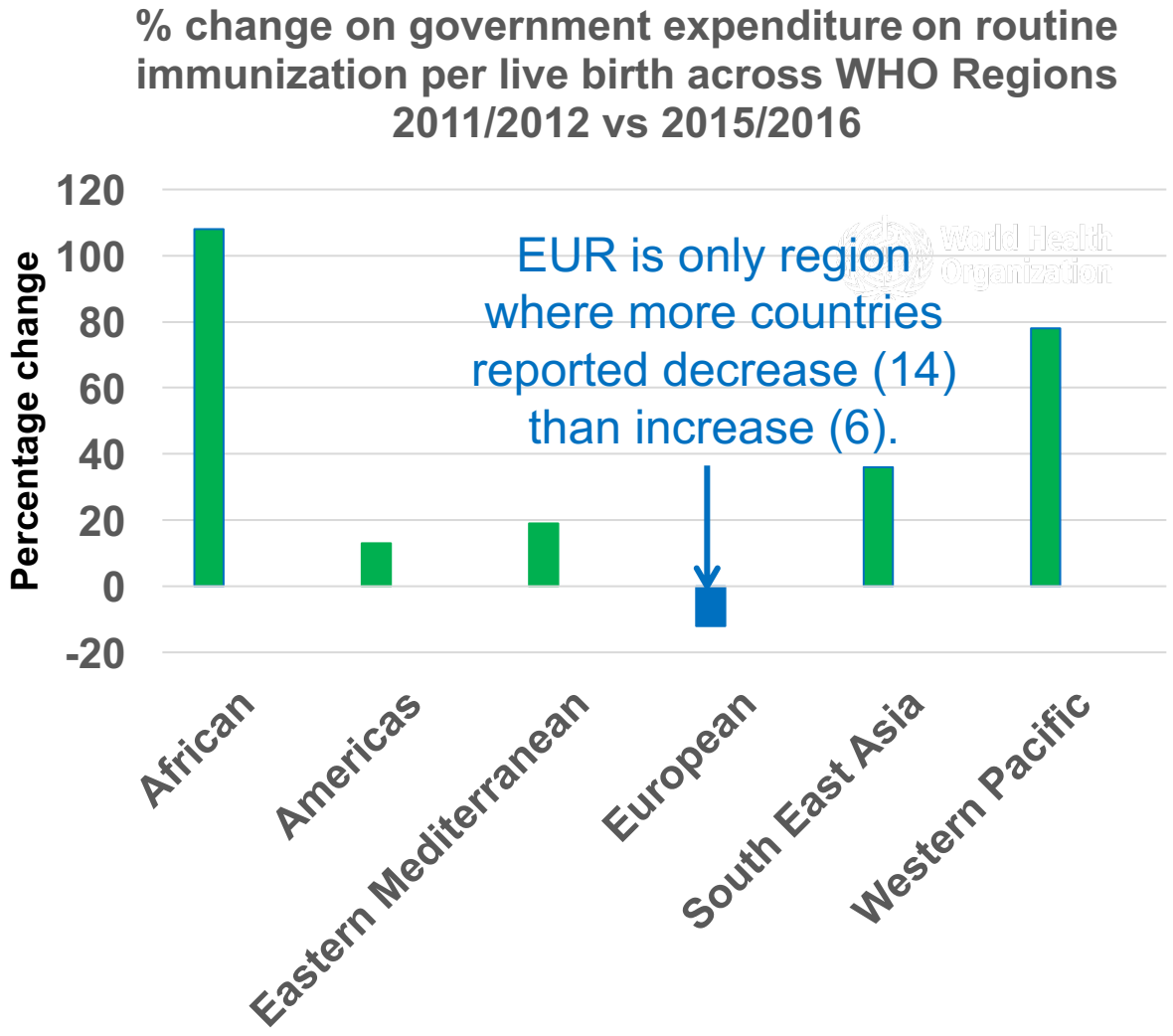
Financing of routine immunization

Generally increasing financing for immunization, but not uniform

- Global average increase from baseline is 27%; US$ 31 to 39 i.e. nominal
- Growth of global average real, but more modest:

  i.e growth 5%, (world inflation rate of 3%)

- Low-income countr. (67%), Gavi supported middle-income countries (MIC) (34%), High-income countr. (33%), non-Gavi supported MIC (25%)



THE NUMBER OF STOCKOUTS CONTINUES TO RISE

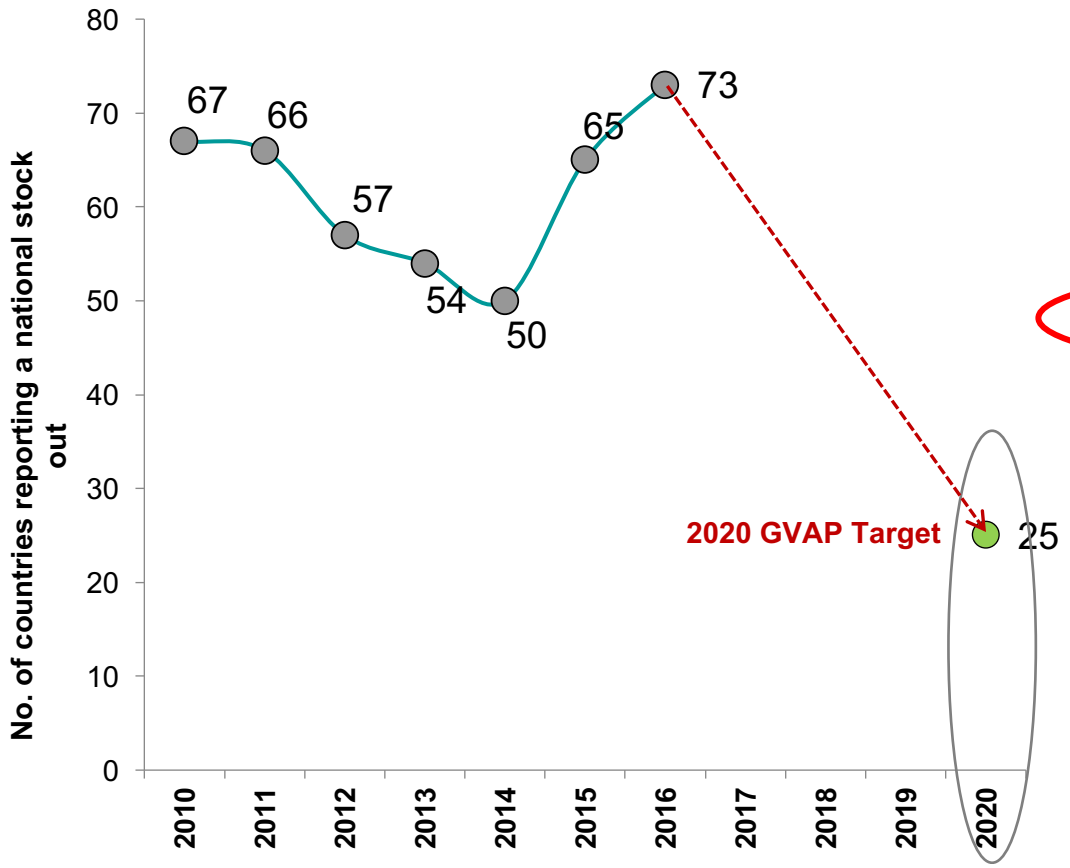
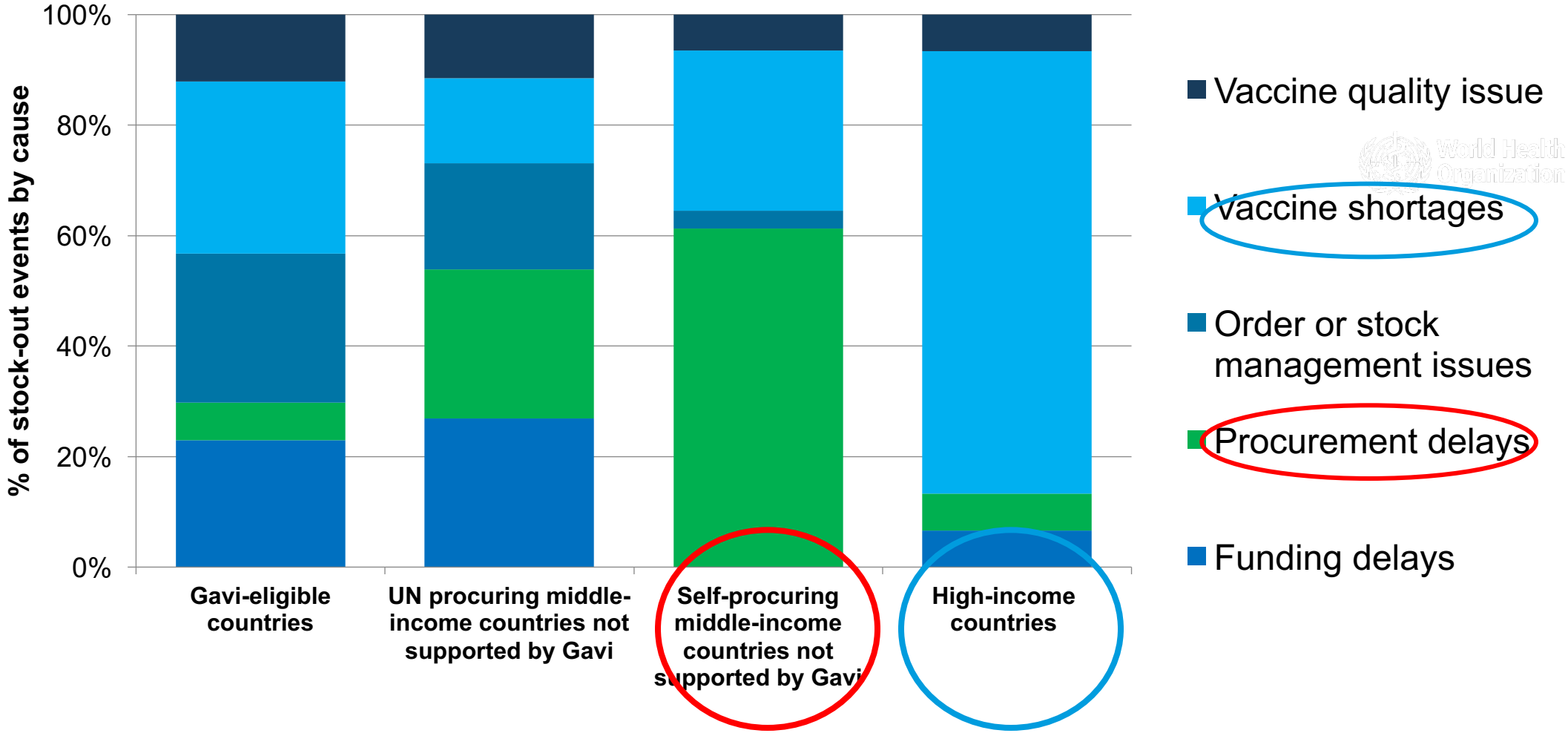


Table 1 – Summary statistics for countries reporting at least one national level stock out event [1]

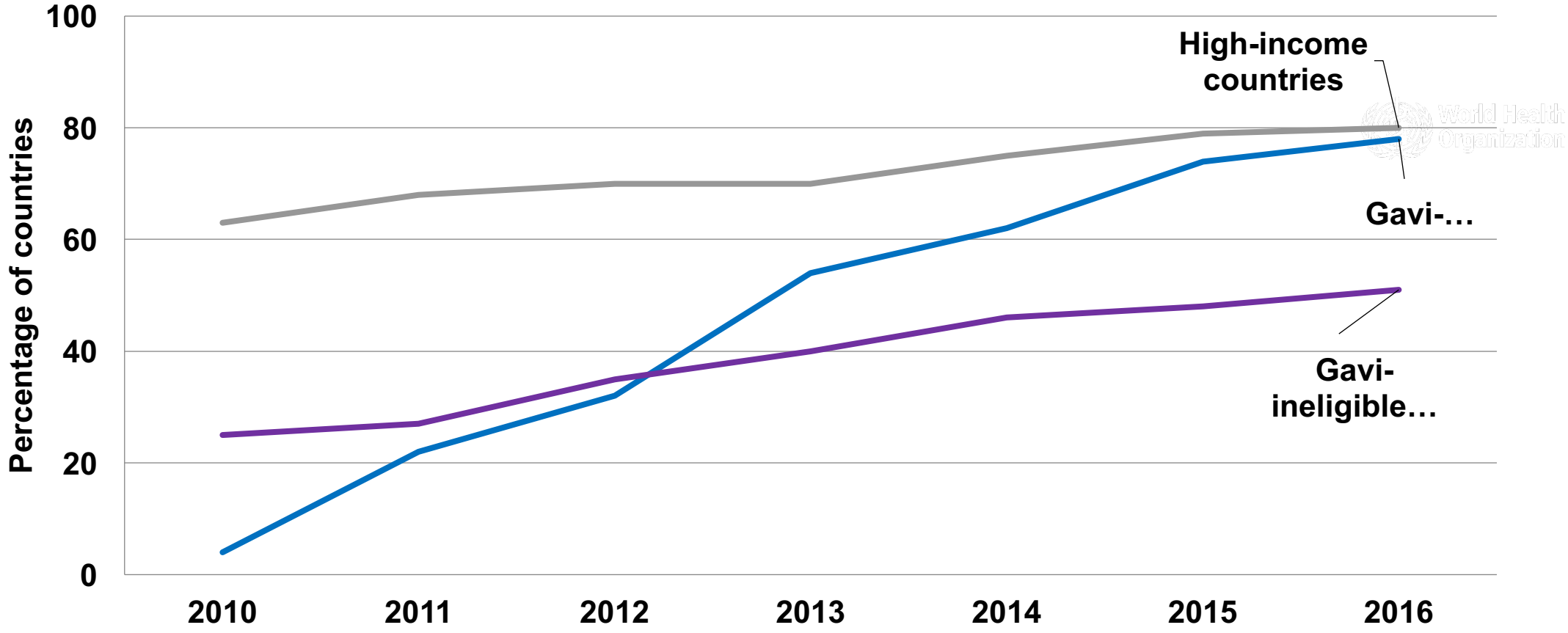
	2016	Trend 2015-16	2015	2014	2013	2012	2011
Total number of countries reporting stockouts	73	↑	65	50	54	57	66
% countries reporting stockouts	38%	↑	34%	26%	28%	29%	34%
Total number of stockout events	131	↑	113	111	112	120	148
% of stockout events [2, 3]							
BCG vaccine	18%	↓	34%	25%	33%	34%	28%
DTP CV	37%	↓	51%	40%	35%	42%	45%
Measles CV	8%	↑	5%	14%	14%	9%	14%
Polio	37%	↑	10%	22%	18%	15%	13%
Average number of stockout events [3]	1.79	↑	1.74	2.22	2.07	2.11	2.24
Average duration of a stockout event (days) [3]	51.5	↑	47.0	59.7	36.0	35.5	33.0

Source: WHO/UNICEF Joint Reporting Form 2017, data for 2016

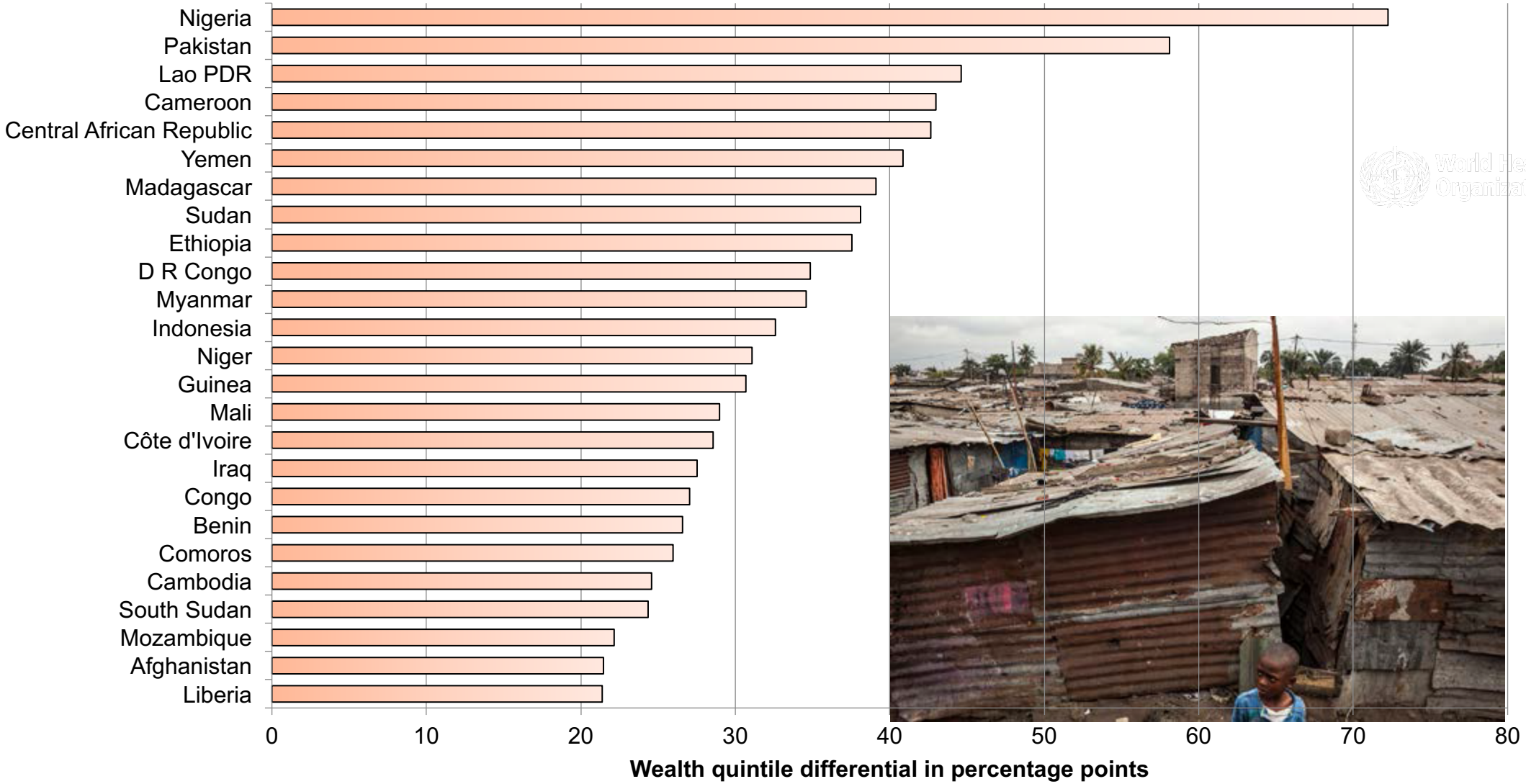
THE CAUSES OF NATIONAL VACCINE STOCK OUTS VARY



INTRODUCTION OF PCV HAS BEEN SLOWER IN GAVI-INELIGIBLE MIDDLE-INCOME COUNTRIES



MANY COUNTRIES SHOW HIGH LEVELS OF INEQUALITY



Civil Society Organizations (CSOs)

Well established roles

Community mobilization

Aiding access

Reaching hard to reach

Need to capture lessons learned , best practices, reporting on impact (Gavi CSO Reporting framework – expand beyond GAVI countries)

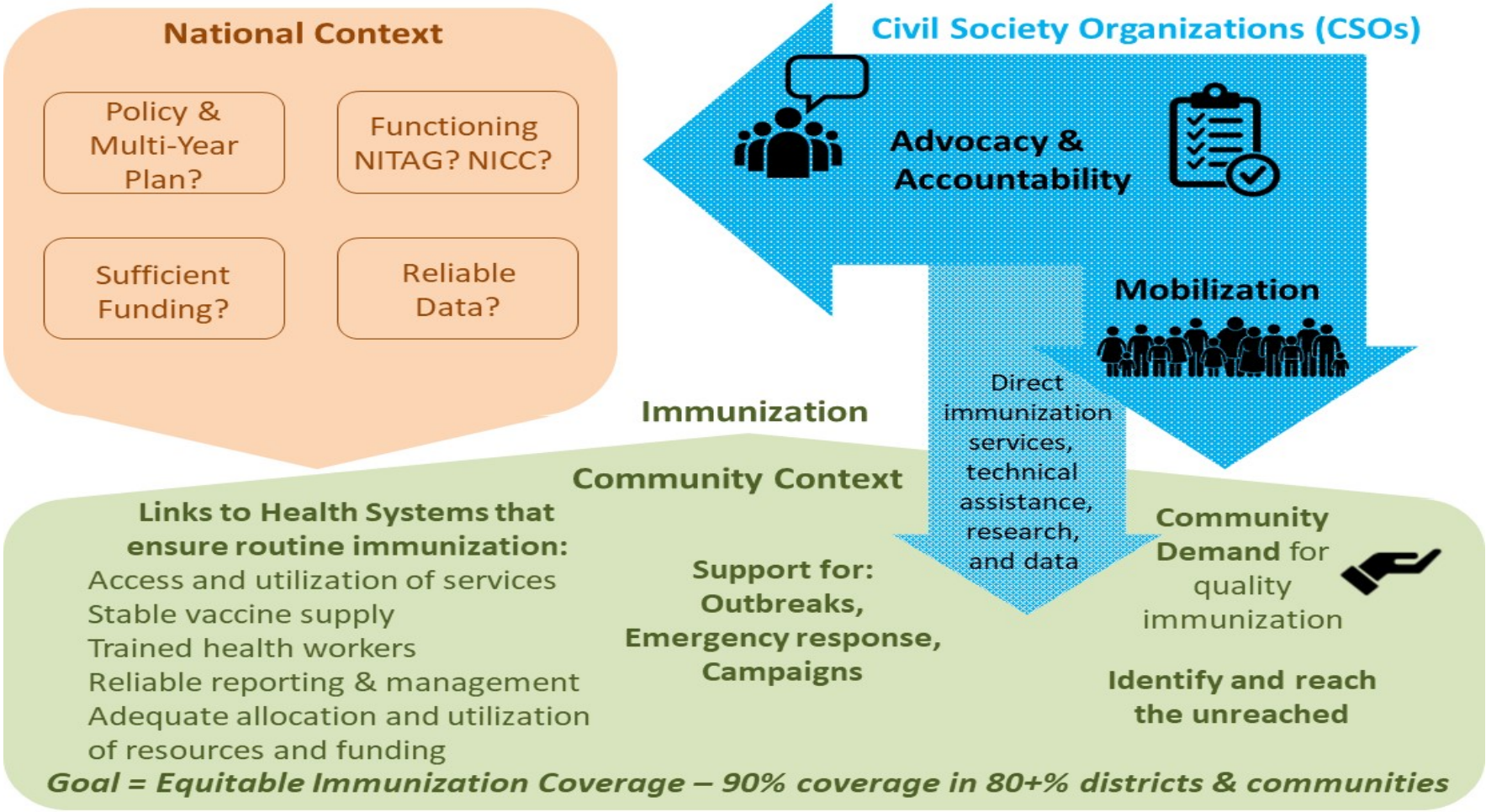
Potential expansion

Beyond traditional CSOs –

- Academe
- NGOs
- Professional Societies
- Faith-based organizations
- Political organizations etc.

Knowledge translation, education, capacity building, technical expertise, listening to community etc.

CSOs Reporting framework



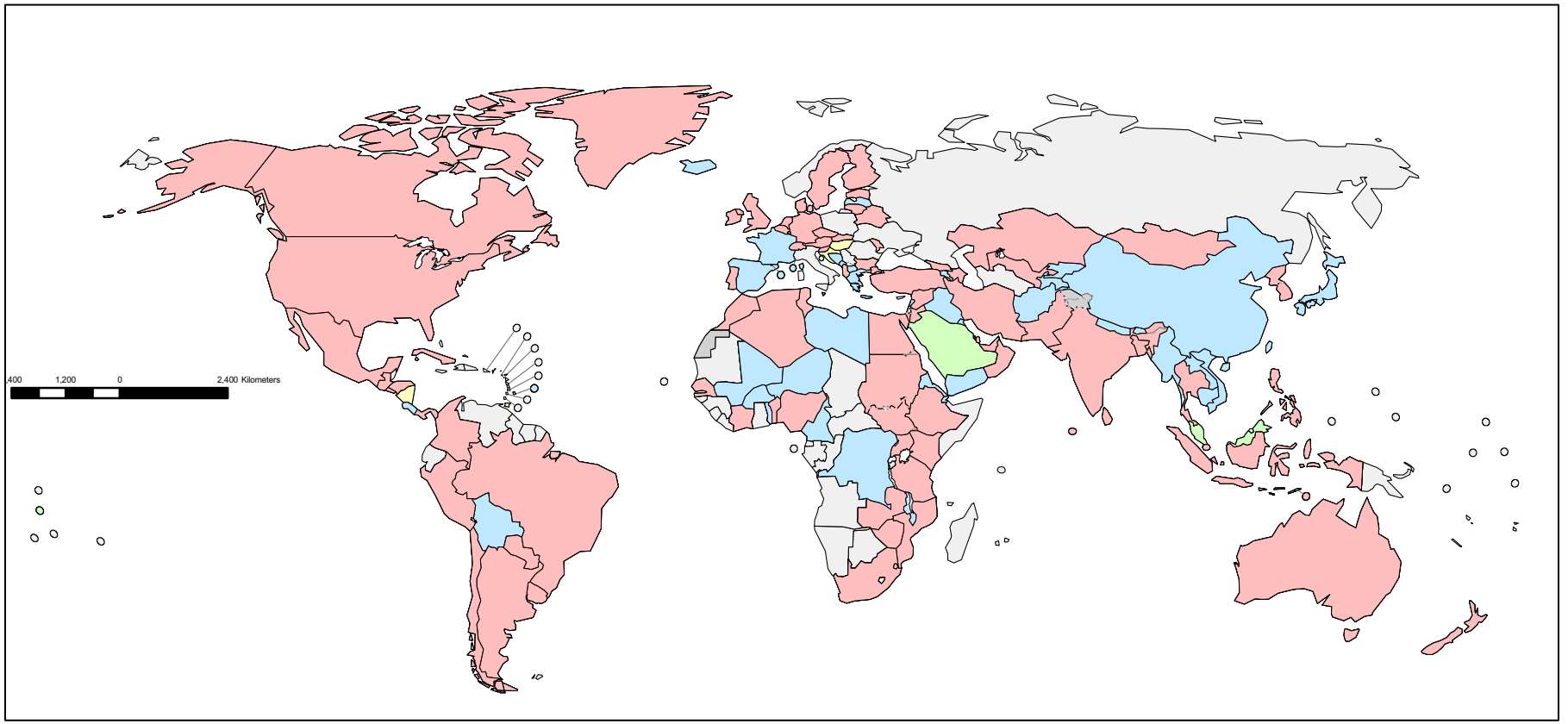
Building capacity: Focus on middle-income countries

- account for 73% world's poorest people
- economic development not as strong as anticipated in some
- concern with more problems as more GAVI transfers
- seeing decline in immunization coverage in some
- vaccine purchase, supply and program management issues in many
- some success stories

Technical capacity shortfalls need to be addressed

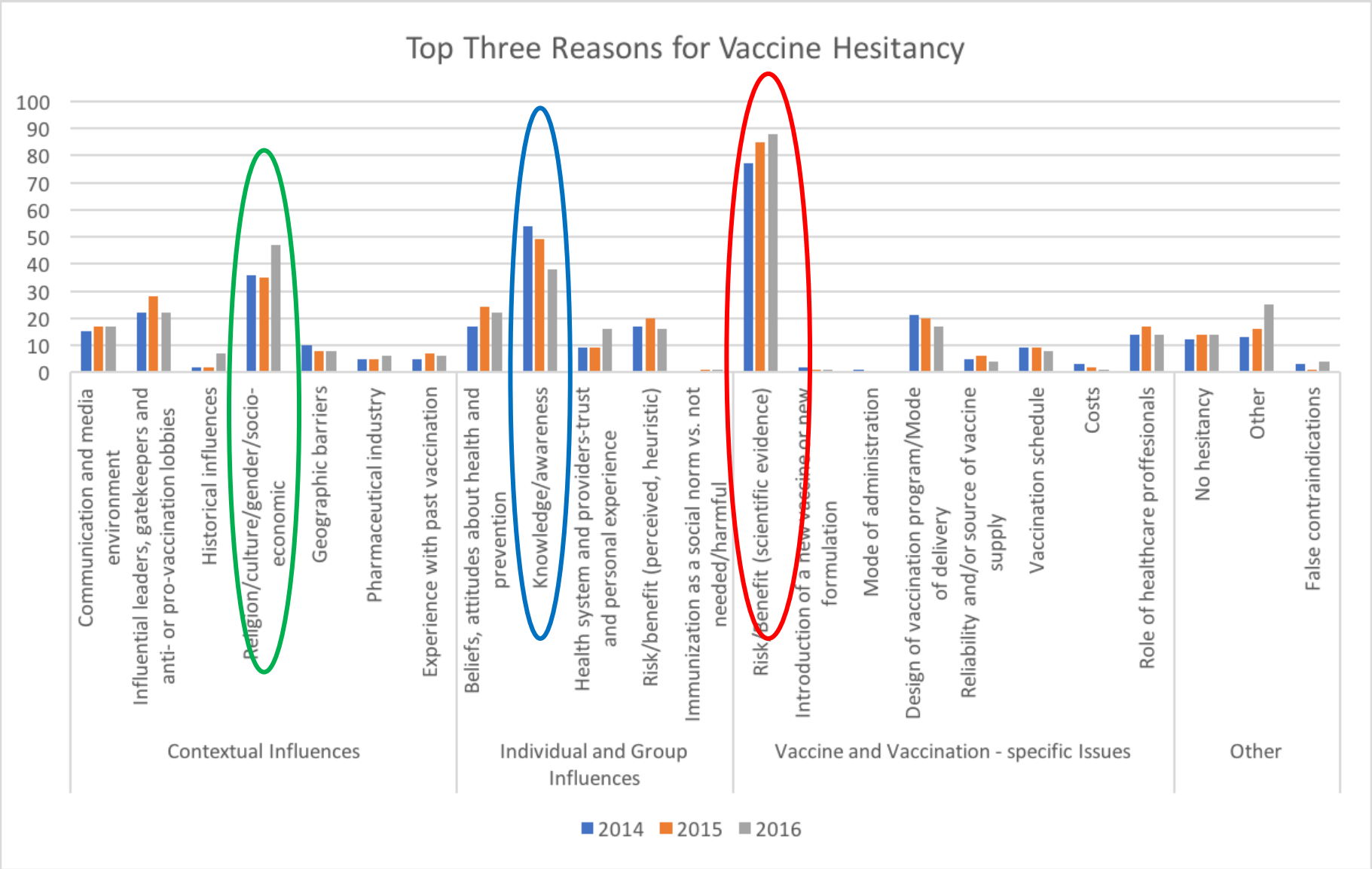
- draw on local expertise:
  - local academe,
  - local training institutes
  - private immunization sector expertise
  - traditional CSOs etc
- Optimize use WHO e-learning modules, other resources including standards and norms
- Share lessons learned /expertise within regions

The number of functional NITAGs has doubled between 2010 and 2016



- 83 countries meeting the 6 NITAG functionality criteria
- 122 countries having a NITAG with administrative or legislative basis
- 122 countries Reporting the existence of a NITAG with Terms of Reference
- 129 countries Reporting the existence of a NITAG

Top 3 Reasons Hesitancy Across 2014- 2016 JRF



2016 SAGE recommendations still valid

1) Demonstrate stronger leadership and governance of national immunization systems
2) Prioritize immunization system strengthening
3) Secure necessary investments to sustain immunization during polio and Gavi transitions
4) Improve surveillance capacity and data quality and use
5) Enhance accountability mechanisms to monitor implementation of Global and Regional Vaccine Action Plans
6) Achieve elimination targets for maternal and neonatal tetanus, measles, rubella and congenital rubella syndrome
7) Resolve barriers to timely supply of affordable vaccines in humanitarian crisis situations*
8) Support vaccine R&D capacity in low- and middle- income countries
9) Accelerate the development and introduction of new vaccines and technologies

World Health Assembly Resolution WHA70.14

Urged Member States to:

- strengthen the governance and leadership of national immunization programmes
- improve monitoring and surveillance systems to ensure up-to-date data guides, policy and programmatic decisions to optimize performance and impact
- expand immunization services beyond infancy
- mobilize domestic financing, and
- strengthen international cooperation to achieve the GVAP goals

Requested the WHO Secretariat to:

- continue supporting countries to achieve regional and global vaccination goals
- scale up advocacy efforts to improve understanding of the value of vaccines and urgency of meeting the GVAP goals
- report back in 2020 and 2022, as a substantive agenda item on the achievements against the 2020 GVAP goals and targets.

SAGE 2017 draft recommendations (I)

GENERAL

1. Broadening the dialogue: The entire immunization community should ensure that immunization is fully aligned and integrated with global health and development agendas, including global health security, universal health coverage and the battle against antimicrobial resistance, and that dialogue is strengthened with additional constituencies such as the business and financial sectors

Main responsibility: Immunization community; other key stakeholders: countries

Subsidiary recommendation:

1b. **Joint External Evaluations:** An assessment should be made of immunization-related inputs into national Joint External Evaluations for Global Health Security, the immunization community's contribution to the development of national evaluation reports, and the reference made to immunization in these reports

Main responsibility: WHO regional offices, countries

SAGE 2017 draft recommendations (II)

CONCERNS

2. Funding transitions: Until polio eradication is achieved, financial and technical support provided through the Global Polio Eradication Initiative, Gavi and WHO should be maintained in at least the 16 polio priority countries to ensure the success of eradication efforts and to mitigate the risks to infectious disease surveillance, routine immunization and global health security more generally

Main responsibility: Gavi, Global Polio Eradication Initiative; other key stakeholders: countries

3. Polio and communicable disease surveillance: Poliomyelitis laboratory and epidemiological surveillance capacities should be maintained in countries across all regions throughout and beyond the polio endgame and certification process, and built upon to strengthen surveillance for other communicable diseases, especially measles and rubella

Main responsibility: Countries; other key stakeholders: partners, immunization community

4. Outlier countries: Comprehensive multidimensional assessments should be undertaken in countries experiencing the greatest difficulties in achieving GVAP goals and used to develop bespoke and costed remediation plans addressing systemic weaknesses, integrating existing improvement plans and including a strong focus on monitoring and evaluation frameworks to support effective implementation

Main responsibility: WHO regional offices, countries; other key stakeholders: partners

SAGE 2017 draft recommendations (III)

EQUITY

5. Maternal and neonatal tetanus: Concerted efforts should be made to achieve global elimination by 2020 and sustain thereafter, particularly by exploiting the opportunity to expand coverage to underserved populations through use of compact pre-filled auto-disable devices

Main responsibility: Immunization community, Gavi (pre-filled devices); other key stakeholders: countries, CSOs

6. Displaced and mobile populations: Existing knowledge on reaching displaced and mobile populations – including individuals escaping conflict zones or natural disasters, economic migrants, seasonal migrants, those moving to urban centres, and traditional nomadic communities – should be synthesized to identify good practice, innovative new approaches and gaps in knowledge

Main responsibility: WHO Secretariat, UNICEF Secretariat; other key stakeholders: WHO regional offices, national partners, academic community, CSOs

SAGE 2017 draft recommendations (IV)

CONTEXT

7. Hesitancy: Each country should develop a vaccine hesitancy management strategy, to include ongoing national assessment of vaccine concerns, trust-building and active hesitancy prevention, and crisis response plans

Main responsibility: Countries; other key stakeholders: WHO regional offices, RITAGs, Global NITAG Network and associated technical experts, CSOs

8. Civil Society Organizations: Countries should aim to broaden and deepen their engagement with CSOs, expanding the range of CSOs with which they interact and extending their input into areas such as programme planning

Main responsibility: Countries; other key stakeholders: WHO regional offices, CSOs

Subsidiary recommendation:

8b. Legal frameworks: A comprehensive global audit should be undertaken to document the ways in which legislation and regulation have been used to promote immunization at a national level, to identify how legal and regulatory instruments can best be applied in different contexts and for different purposes

Main responsibility: WHO Secretariat; other key stakeholders: countries, WHO regional offices, CSOs

SAGE 2017 draft recommendations (V)

SUSTAINABLE PROGRAMMES

9. Technical capacity-building: Through a multidimensional approach, the technical capacity of countries' immunization programmes should be systematically assessed and strengthened, by leveraging regional and national expertise and opportunities as well as global tools and resources

Main responsibility: WHO regional offices, countries; other key stakeholders: RITAGs, NITAGS, Global NITAG Network, CSOs, local higher education institutions, WHO Secretariat

10. Vaccine access: Programme expertise: Multidimensional analyses should be undertaken to identify procurement and other programmatic issues affecting timely provision of vaccination, including to the most marginalized and remote populations, and used to develop more effective procurement, stock management and distribution plans

Main responsibility: WHO regional offices, countries; other key stakeholders: RITAGs

11. Vaccine supply: Current and anticipated vaccine supply and demand for routinely used vaccines should continue to be mapped and constraints identified, integrating and expanding other relevant ongoing work and focusing on vaccines most at risk of supply shortages

Main responsibility: UNICEF Secretariat, WHO Secretariat and other partners; other key stakeholders: manufacturers, WHO technical advisers

12. Middle-income countries: WHO regional offices should support middle-income countries in their regions by leveraging all opportunities to promote the exchange of information, the sharing of lessons learned and peer-to-peer support

Main responsibility: WHO regional offices, countries; other key stakeholders: WHO Secretariat

Thank you

World Health Organization

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